REMARKS

*Substance of Interview – December 4, 2007*

The Applicant appreciates the discussion with Examiner Pass and Examiner Gilligan and their helpful comments during a telephonic interview with the undersigned and Joseph A. Capraro on December 4, 2007.  The interview included a discussion of proposed amendments to claim 1.  In particular, the proposed amendments to claim 1 were discussed in view of the cited prior art - Burks et al., U.S. Patent 6,453,297 and Campbell et al., U.S. Patent 6,047,259.

Examiner Gilligan suggested several changes to the proposed amendments to clarify the language and structure of claim 1.  The Applicant's counsel agreed to the changes to the proposed claim and amended claim 1 includes those changes as discussed during the interview. Examiner Gilligan further indicated that the amended claim 1 is not taught or suggested by the Burks et al. and the Campbell et al. references.

*Claim Rejections*

*35 U.S.C. §112 rejections:*

1.     The Examiner has rejected claims 1 and 27 under 35 U.S.C. 112, second paragraph, stating that there is insufficient antecedent basis for "the one or more insurance rules that apply to the payor server" in the claims.  Claims 1 and 27 has been amended and there is sufficient antecedent basis for the above referenced phrase.  Thus, the rejection of claims 1 and 27 are now moot.

*35 U.S.C. §103 rejections:*

2.      The Examiner has rejected claims 1-8, 13-20, 24-28, and 30-33 under 35 U.S.C.

103(a) as being unpatentable over <u>Burks et al.</u>, U.S. Patent Number 6,453,297 and further in

view of <u>Campbell et al.</u>, U.S. Patent Number 6,047,259.  Applicant respectfully disagrees and

traverses the rejections.

Both references, <u>Burks et al.</u> and <u>Campbell et al.</u>, fail, at least, to teach a system, method,

or computer program product (as embodied in independent claims 1, 15, 20, 27 and 28) that (i)

submits the insurance claim to the payor server, (j) automatically and repeatedly interacts with

the insurance claim to correct an error by applying a new rule, an updated rule, or both received

from the payor server, and (k) automatically and repeatedly updates the one or more insurance

rules, in the insurance company rules database, that apply to the payor server by applying the

new rule, the updated rule, or both received from the payor server.  Therefore, the combination

of <u>Burks et al.</u> and <u>Campbell et al.</u> does not render the claims 1-6, 13-16, 18-20, 24-28, and 30-

33 unpatentable.

<u>Burks et al.</u> (U.S. 6,453,297) teaches creating error messages when a data record does not

contain the proper type and sending the error message to a computer station so that the computer

station is informed of the improper data.  (<u>Burks et al.</u>: col. 9, lines 46-52; col. 12, lines 56-67;

col. 13, lines 1-30).  Furthermore, <u>Burks et al.</u> teaches receiving data messages from a trading

partner and then error messages are generated which are sent to the trading partner "to inform

them of erroneously transmitted messages."  (<u>Burks et al.</u>: col. 7, lines 20-34; col. 15, lines 19-

24).  As such, the error message is not being utilized to automatically update an insurance claim

or an insurance rule, but is instead being used to send a message regarding an error back to the healthcare provider (i.e., the computer station) or the trading partner. Accordingly, Burks et al. does not teach automatically and repeatedly updating an insurance rule or an insurance claim, but teaches notifying the computer station or the trading partner about an error.

Campbell et al. teaches a "system for tracking workflow through a medical facility . . ., managing medical exams of patients in the facility, and managing a treatment protocol[s] for the patients." (Campbell et al.: col. 1, lines 51-53). Campbell et al. teaches that the "computer is responsible for handling billing of clients" which includes receiving or confirming some form of payment from the client. (Campbell et al.: col. 7, lines 13-15; col. 21, lines 14-16). Campbell et al. further teaches automatically adding service items completed during the visit to the client's invoice when the doctor completes the service on the therapy screen. (Campbell et al.: col. 15, lines 47-51). However, Campbell et al. does not receive any information from a third party (i.e., a payor server) which is utilized to update an insurance claim and/or one or more insurance rules. Rather, "[t]he server removes the diagnosis from the rule out list, adds it to the tentative diagnosis, and determines which abnormal observations are linked to the diagnosis." (Campbell et al.: col. 17, lines 11-13). As such, the addition of service items and the movement of a diagnosis from the rule out list to the tentative diagnosis are not automatically and repeatedly occurring, but are based on actions by the doctor (i.e., doctor selects a diagnosis, provider team selects a service). (See Campbell et al.: col. 18, lines 28-32).

Additionally, the rule out list in Campbell et al. is a "list generated by the system . . . to select tentative diagnosis" and not rules for creating and updating an insurance claim. (Campbell et al.: col. 2, lines 25-27; col. 16, lines 66-67). Accordingly, Campbell et al. does not teach

automatically and repeatedly updating an insurance claim based on insurance rule updates, but

teaches adding a service item based on a service and moving a diagnosis from one list to another

list.

Thus, both <u>Burke et al.</u> and <u>Campbell et al.</u> fail to teach or suggest numerous aspects of

the invention, as embodied in independent claims 1, 15, 20, 27 and 28. For example, neither

<u>Burke et al.</u> or <u>Campbell et al.</u> teach or suggest a system or method that "verifies and checks each

piece of information entered without human intervention . . . through rule application or by

communication with a payor server . . . prior to the submission of an insurance claim to enable

later submissions of more accurate claims (e.g., flawless claims) to the payor." (Application as

filed, paragraph [0067]). For at least these reasons, the rejections for claims 1, 15, 20, 27, and 28

as now amended should be withdrawn and the claims passed to allowance by virtue of the

distinctions from the prior art of record. The rejections for dependent claims 2-6, 13-14, 16, 18-

19, 24-26, and 30-33 should be withdrawn and the claims passed to allowance by virtue of their

dependency from claims 1, 15, 20, 27, and 28 and the additional features recited therein. The

rejection for claims 7-8 and 17 are moot since the claims are cancelled.


**3.** The Examiner has rejected claims 9-11 under 35 U.S.C. 103(a) as being

unpatentable over <u>Burks et al.</u>, U.S. Patent Number 6,453,297 and <u>Campbell et al.</u>, U.S. Patent

Number 6,047,259 and further in view of <u>Berman et al.</u>, U.S. Patent Number 6,047,259.

Applicant respectfully disagrees and traverses the rejections.

Claims 9-11, as now amended, recite a method dependent from claim 1. Claim 1 as now amended teaches a method for managing a medical practice.

The three references, Burks et al., Campbell et al., and Berman et al., fail, at least, to teach a method (as embodied in independent claim 1) that (i) submits the insurance claim to the payor server, (j) automatically and repeatedly interacts with the insurance claim to correct an error by applying a new rule, an updated rule, or both received from the payor server, and (k) automatically and repeatedly updates the one or more insurance rules, in the insurance company rules database, that apply to the payor server by applying the new rule, the updated rule, or both received from the payor server. Therefore, the combination of Burks et al., Campbell et al., and Berman et al. does not render the claims 9-11 unpatentable.

Applicant reiterates the discussion of Burks et al. recited above. Thus, the discussion of Burks et al. does not need to be repeated herein.

Applicant reiterates the discussion of Campbell et al. recited above. Thus, the discussion of Campbell et al. does not need to be repeated herein.

Berman et al. teaches an email-based system wherein personnel at the client site compose service requests and email them directly to the sponsors, upon which sponsors then receive the email messages in an email inbox, perform the request manually, and then send a response email. (Berman et al.: col. 3, lines 44-52).

Thus, Burke et al., Campbell et al., and Berman et al. fail to teach or suggest numerous aspects of the invention, as embodied in independent claim 1. For at least these reasons, the rejections for claims 9-11 as now amended should be withdrawn and the claims passed to

allowance by virtue of their dependency from claim 1 as now amended, their distinctions from

the prior art of record, and the additional features recited therein.

 

 

**4.** The Examiner has rejected claim 12 under 35 U.S.C. 103(a) as being unpatentable

over Burks et al., U.S. Patent Number 6,453,297 and Campbell et al., U.S. Patent Number

6,047,259 and further in view of Ilsen et al., U.S. Patent Number 6,757,898.  Applicant

respectfully disagrees and traverses the rejections.

Claim 12 recites a method dependent from claim 1 wherein the workflow tasks in the

patient workflow performed during the event further comprise at least one of performing check-

in tasks, performing check-out tasks, or any combination thereof.  Claim 1 as now amended

teaches a method for managing a medical practice.

The three references, Burks et al., Campbell et al., and Ilsen et al., fail, at least, to teach a

method (as embodied in independent claim 1) that (i) submits the insurance claim to the payor

server, (j) automatically and repeatedly interacts with the insurance claim to correct an error by

applying a new rule, an updated rule, or both received from the payor server, and (k)

automatically and repeatedly updates the one or more insurance rules, in the insurance company

rules database, that apply to the payor server by applying the new rule, the updated rule, or both

received from the payor server.  Therefore, the combination of Burks et al., Campbell et al., and

Ilsen et al. does not render claim 12 unpatentable.

Applicant reiterates the discussion of Burks et al. recited above.  Thus, the discussion of

Burks et al. does not need to be repeated herein.

Applicant reiterates the discussion of <u>Campbell et al.</u> recited above. Thus, the discussion of <u>Campbell et al.</u> does not need to be repeated herein.

<u>Ilsen et al.</u> teaches a "system, [which] provides an automated service to patients, through which access to their own doctor is provided over the Internet without additional work for the doctor's office because it is based upon existing records." (<u>Ilsen et al.</u>: col. 4, lines 24-29). Furthermore, <u>Ilsen et al.</u> teaches that the system provides information "for simply inquiries and follow-up instructions, for prescription refill and appointment requests, and for directions to the office, laboratory, radiologist or specialist's office, general information and the like." (<u>Ilsen et al.</u>: col. 9, lines 33-37).

Thus, <u>Burks et al.</u>, <u>Campbell et al.</u>, and <u>Ilsen et al.</u> fail to teach or suggest numerous aspects of the invention, as embodied in independent claim 1. For at least these reasons, the rejection for claim 12 should be withdrawn and the claims passed to allowance by virtue of its dependency from claim 1 as now amended, its distinctions from the prior art of record, and the additional features recited therein.

*Support for Claims 1, 3, 15, 20, 27-28, and 31*

Support for the amendments of claims 1, 3, 15, 20, 27-28, and 31 can be found at least in the claims as originally filed, FIGs. 1, 2A, 2B, 3A 8C, 8D, and 8E and paragraphs [0004], [0005], [0046], [0050], [0051], [0052], [0053], [0056], [0058], [0062], [0066], [0067], [0087], [0091], and [0115] of the specification as originally filed.

## CONCLUSION

Applicant's discussion of particular positions of the Examiner does not constitute a concession with respect to any positions that are not expressly contested by the Applicant. Applicant's emphasis of particular reasons why the claims are patentable does not imply that there are not other sufficient reasons why the claims are patentable.

In view of the foregoing remarks and the inability of the prior art, alone or in combination, to anticipate, suggest or make obvious the subject matter as a whole of the invention disclosed and claimed in this application, all the claims are submitted to be in a condition for allowance, and notice thereof is respectfully requested. If the examiner feels that a telephone conference would expedite prosecution of this case, the Examiner is invited to call the undersigned.

Respectfully submitted,

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